

**AMENDMENT TRANSMITTAL LETTER**Docket No.
M4065.0475/P475Application No.
09/938,672Filing Date
August 27, 2001Examiner
T. WashingtonArt Unit
2152

Applicant(s): John Moore

Invention: APPARATUS AND METHOD FOR DUAL CELL COMMON ELECTRODE PCRAM MEMORY DEVICE

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

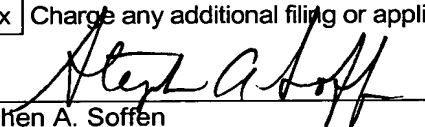
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CLAIMS AS AMENDED

	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	13	- 20 =		x	0.00
Independent Claims	3	- 3 =		x	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within second month					410.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					410.00

☒ Large Entity☐ Small Entity☐ No additional fee is required for this amendment.☐ Please charge Deposit Account No. _____ in the amount of \$ _____
A duplicate copy of this sheet is enclosed.☐ A check in the amount of \$ _____ to cover the filing fee is enclosed.☒ Payment by credit card. Form PTO-2038 is attached.☒ The Commissioner is hereby authorized to charge and credit Deposit Account No. 04-1073 as described below. A duplicate copy of this sheet is enclosed.☒ Credit any overpayment.☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.
Stephen A. Soffen
Attorney Reg. No.: 31,063

Dated: January 24, 2003

DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP
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Washington, DC 20037-1526
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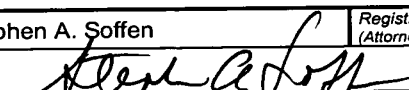
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PTO/SB/17 (01-03)

Approved for use through 04/30/2003. OMB 0651-0032

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FEE TRANSMITTAL for FY 2003				Complete if Known																																																																																																																																																																																					
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<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Deposit Account Deposit Account Number 04-1073 Deposit Account Name Dickstein Shapiro Morin & Oshinsky LLP The Commissioner is hereby authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				3. ADDITIONAL FEES																																																																																																																																																																																					
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Name (Print/Type) Stephen A. Soffen				Registration No. (Attorney/Agent) 31,063																																																																																																																																																																																					
Signature 				Telephone (202) 828-2232																																																																																																																																																																																					
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